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| 12. ATTONNEYS NAME (Print Name, M.I., Last Name, including any suffix) AND MALING ADDRESS SETTLE, DEWUN STELL, DEWUN To MALING ADDRESS SETTLE, DEWUN Memphis TN 38103 Telephane Number (901) 522-8900 14. NAME AND MALLING ADDRESS OF LAW FIRM (only provide per tutrexcitan) 15. NAME AND MALLING ADDRESS OF LAW FIRM (only provide per tutrexcitan) 16. NAME AND MALLING ADDRESS OF LAW FIRM (only provide per tutrexcitan) 17. Telephane Number (901) 522-8900 18. NAME AND MALLING ADDRESS OF LAW FIRM (only provide per tutrexcitan) 19. Supposition of the court has the or she to the court for the or she to the court for the or she to the court for the court for the or she to the court for the court for the or she to the court for the court for the court for the or she to the court for t | reiony | | | | | | | | | | | | | |
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| Date Off-Order | Settle, Dewun SUITE 3001 100 N MAIN Memphis TN 38103 Telephone Number: (901) 522-8900 | | | | | | O Appointing Counsel F Subs For Federal Defender P Subs For Panel Attorney Y Standby Counsel Prior Attorney's Name: Appointment Date: Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to appresent this person in this case, or | | | | | | | |
| CATEGORIES (Attach itemization of services with dates) CATEGORIES (Attach itemization of services with dates) CHOURS AMOUNT CLAIMED ADJUSTED ADJU | | | Repaye | 10/24/2005 Date of Order Repayment or partial repayment ordered from the person represented for this service at | | | | | | | | | | |
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| Signature of Attorney: Date: | الع مدمي | Signature of Attorney: | A Table 1 | | | | | | | 645±16(3 mil/m 11/22 | | 0.0480_8129100 | Cylmosic At list in | |
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| 34. SIGNATURE OF CHIEF JUDGE, COURT OF APP EALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. 34. SIGNATURE OF CHIEF JUDGE, COURT OF APP EALS (OR DELEGATE) Payment DATE 34a. JUDGE CODE | 34. | SIGNATURE OF CHIEF | JUDGE, ÇOURT | OF APP EALS (O | R DELEGA | TE) Payment | | DATE | | | 34a. JUDGE CODE | | | |

This document entered on the docket sheet in compliance with Rule 56 ard/or 32(b) FRCrP on 10 -31-05



Notice of Distribution

This notice confirms a copy of the document docketed as number 54 in case 2:02-CR-20230 was distributed by fax, mail, or direct printing on October 31, 2005 to the parties listed.

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Honorable Jon McCalla US DISTRICT COURT